

## 2011 Bi-Weekly Employee Rates

### Medical

TIER LEVEL	AVMED POS	AVMED HIGH OPT HMO	AVMED LOW OPT HMO	JMH HIGH OPT HMO	JMH LOW OPT HMO
EMPLOYEE ONLY	\$14.90	\$0.0	\$0.0	\$0.0	\$0.0
EMPLOYEE + CHILD (DREN)	\$285.86	\$180.17	\$169.83	\$180.17	\$169.83
EMPLOYEE + SPOUSE	\$344.54	\$208.35	\$196.42	\$208.35	\$196.42
EMPLOYEE + FAMILY	\$595.59	\$287.77	\$271.36	\$287.77	\$271.36

### Dental

PLAN	TYPE	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
		STD	ENR	STD	ENR	STD	ENR
DELTA	Indemnity Dental	\$0.00	\$4.45	\$14.09	\$22.89	\$31.53	\$45.72
HUMANA-OHS	Prepaid Dental	\$0.00	\$2.63	\$2.42	\$6.81	\$5.65	\$12.99
METLIFE DHMO	Prepaid Dental	\$0.00	\$1.83	\$2.62	\$5.67	\$6.14	\$11.39

#### Flexible Spending Account Administrative Fees Per Pay Period

Healthcare Spending Account Only . . . . .	\$1.98
Dependent Care Spending Account Only . . . . .	\$1.98
Both Healthcare and Dependent Spending Accounts . . . . .	\$1.98

#### Optix Vision

EMPLOYEE ONLY	\$2.06
EMPLOYEE + 1	\$4.12
EMPLOYEE + FAMILY	\$7.57

#### ARAG Legal Plan

EMPLOYEE ONLY	\$7.29
EMPLOYEE + 1	\$9.34
EMPLOYEE + FAMILY	\$9.61

For additional rates (COBRA, Short-Term, Long-Term Disability, etc.) visit [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

The material contained in this newsletter does not constitute an insurance certificate or policy. It is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies to enrollees.